

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000125593

Entity Name: MYAM, INC.

FILED  
May 01, 2006  
Secretary of State

## Current Principal Place of Business:

130 MAGELLAN STREET  
PORT ST. JOE, FL 32456 US

## New Principal Place of Business:

## Current Mailing Address:

130 MAGELLAN STREET  
PORT ST. JOE, FL 32456 US

## New Mailing Address:

FEI Number: 11-3711169

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCDONOUGH, MATTHEW L  
521 E 4TH STREET  
PANAMA CITY, FL 324013711 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: REEVES, AMANDA S  
Address: 130 MAGELLAN STREET  
City-St-Zip: PORT ST. JOE, FL 32456 US

Title: TREA ( ) Delete  
Name: REEVES, MYRA C  
Address: 130 MAGELLAN STREET  
City-St-Zip: PORT ST. JOE, FL 32456 US

Title: SECR ( ) Delete  
Name: COX, KENNETH L  
Address: 130 MAGELLAN STREET  
City-St-Zip: PORT ST. JOE, FL 32456 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMANDA REEVES

PRES

05/01/2006

Electronic Signature of Signing Officer or Director

Date